

County: Wood
FAMILY HERITAGE MEDICAL/REHABILITATION
130 STRAWBERRY LANE
WISCONSIN RAPIDS 54494 Phone: (715) 424-1600

Facility ID: 3410

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Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 136
Total Licensed Bed Capacity (12/31/01): 136
Number of Residents on 12/31/01: 108

Ownership:
Highest Level License:
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 101

Corporation
Skilled
No
Yes
Yes
101

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		58.3
Supp. Home Care-Personal Care	No					1 - 4 Years		32.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7.4	More Than 4 Years		9.3
Day Services	No	Mental Illness (Org./Psy)	26.9	65 - 74	11.1			-----
Respite Care	Yes	Mental Illness (Other)	4.6	75 - 84	32.4			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	36.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.9	95 & Over	13.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	21.3	65 & Over	92.6	-----		
Transportation	No	Cerebrovascular	7.4		-----	RNs		9.5
Referral Service	No	Diabetes	11.1	Sex	%	LPNs		8.1
Other Services	Yes	Respiratory	9.3		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	13.9	Male	33.3	Aides, & Orderlies		
Mentally Ill	No		-----	Female	66.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Family Care		Managed Care			Total Resi- dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	28	100.0	260	64	95.5	100	0	0.0	0	13	100.0	146	0	0.0	0	0	0.0	0	105	97.2
Intermediate	---	---	---	3	4.5	83	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.8
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	28	100.0		67	100.0		0	0.0		13	100.0		0	0.0		0	0.0		108	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				

Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	8.1	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	0.0	Bathing	8.3	59.3	32.4	108
Other Nursing Homes	2.9	Dressing	12.0	67.6	20.4	108
Acute Care Hospitals	88.6	Transferring	34.3	46.3	19.4	108
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	23.1	50.0	26.9	108
Rehabilitation Hospitals	0.0	Eating	63.0	25.0	12.0	108
Other Locations	0.5	*****				
Total Number of Admissions	210	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	5.6		Receiving Respiratory Care	4.6
Private Home/No Home Health	24.6	Occ/Freq. Incontinent of Bladder	50.9		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	12.0	Occ/Freq. Incontinent of Bowel	37.0		Receiving Suctioning	0.0
Other Nursing Homes	5.2				Receiving Ostomy Care	3.7
Acute Care Hospitals	30.9	Mobility			Receiving Tube Feeding	1.9
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.0		Receiving Mechanically Altered Diets	38.0
Rehabilitation Hospitals	0.0					
Other Locations	4.2	Skin Care			Other Resident Characteristics	
Deaths	23.0	With Pressure Sores	0.9		Have Advance Directives	80.6
Total Number of Discharges		With Rashes	6.5		Medications	
(Including Deaths)	191				Receiving Psychoactive Drugs	56.5

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	73.7	82.5	0.89	84.1	0.88	85.8	0.86	84.6	0.87
Current Residents from In-County	85.2	74.3	1.15	79.3	1.07	69.4	1.23	77.0	1.11
Admissions from In-County, Still Residing	26.2	19.8	1.32	25.5	1.03	23.1	1.13	20.8	1.26
Admissions/Average Daily Census	207.9	148.2	1.40	110.2	1.89	105.6	1.97	128.9	1.61
Discharges/Average Daily Census	189.1	146.6	1.29	110.6	1.71	105.9	1.79	130.0	1.45
Discharges To Private Residence/Average Daily Census	69.3	58.2	1.19	41.2	1.68	38.5	1.80	52.8	1.31
Residents Receiving Skilled Care	97.2	92.6	1.05	93.8	1.04	89.9	1.08	85.3	1.14
Residents Aged 65 and Older	92.6	95.1	0.97	94.1	0.98	93.3	0.99	87.5	1.06
Title 19 (Medicaid) Funded Residents	62.0	66.0	0.94	66.9	0.93	69.9	0.89	68.7	0.90
Private Pay Funded Residents	12.0	22.2	0.54	23.1	0.52	22.2	0.54	22.0	0.55
Developmentally Disabled Residents	0.0	0.8	0.00	0.6	0.00	0.8	0.00	7.6	0.00
Mentally Ill Residents	31.5	31.4	1.00	38.7	0.81	38.5	0.82	33.8	0.93
General Medical Service Residents	13.9	23.8	0.58	21.8	0.64	21.2	0.65	19.4	0.72
Impaired ADL (Mean)	47.2	46.9	1.01	48.4	0.98	46.4	1.02	49.3	0.96
Psychological Problems	56.5	47.2	1.20	51.9	1.09	52.6	1.07	51.9	1.09
Nursing Care Required (Mean)	6.9	6.7	1.04	7.5	0.93	7.4	0.93	7.3	0.95